

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000007823

1. Entity Name
WARE FOUNDATION, INC.



Principal Place of Business
**5825 SUNSET DRIVE
SUITE 306
MIAMI, FL 33143**

Mailing Address
**1172 S DIXIE HWY
#529
CORAL GABLES, FL 33146**



04052007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7286585

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TRESCOTT DRUCKER VASALLO PL
2605 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WARE, MARTHA 6870 GRANADA BLVD. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DED EDWARDS, MARK 6858 GRANADA BLVD CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KUIPER, ELIZABETH E 6870 GRANADA BOULEVARD CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WARE-SOUMAH, MORGAN P.O. BOX 565548 MIAMI, FL 33256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/23/07-80037-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/07 305 669 2701